

(Note: This form is provided to assist you in maintaining required information. Carriers may also submit the requested data in electronic format or in a printout attached to this form. Contact your state agency for acceptable data formats.)

USDOT Number	MC or MX Number	FF Number	Telephone Number	Fax Number
Legal Name			E-Mail Address	
Doing Business Under The Following Name (DBA)				
Principal Place Of Business Street Address (See Instructions)				
Principal Business City		Principal Business State		Zip Code
Mailing Street Address				
Mailing City		Mailing State		Mailing Zip Code

☐ Motor Carrier ☐ Motor Private Carrier

The above described carrier hereby declares that the following vehicles are used exclusively for intrastate transportation of property, waste, or recyclable material:

Use reverse side if needed.

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant. (Penalty provisions subject to the laws of the registration state.)

Name Of Owner Or Authorized Representative (Printed)		Date
Signature		Title

USDOT Number	MC or MX Number	FF Number	Carrier Name

[illegible]